Please type a plus sign (+) inside this box	+
---	---

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it contains a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to resp

DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

point to a defication of information directs it defined a deficient and defined a					
Attorney Docket Num	nber				
First Named Inventor	LUNGO				
COMPLE	TE IF KNOWN				
Application Number					
Filing Date					
Group Art Unit					
Examiner Name					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box

TO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	ustomer Num Bar Code La		606		OR C	orrespondence address below		
Name								
Address								
Address								
City				State		ZIP		
Country		Telephone				Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:								
Given Name (first and middle [if any]) LUNGO Family Name or Surname Philip M.					. М.			
Inventor's Philip M Luy Date 1-17-02					Date 1-17-02			
Residence: City Loves Park		SI	tate I	L	Country U.S.A	A.Citizenship U.S.A.		
Mailing Address 5920 Park F	 ≀idge P	₹oad						
Mailing Address								
City Loves Park	State II	<u></u>		ZIP 6	1115	Country U.S.A.		
NAME OF SECOND INVENTOR:				A petition	on has been file	ed for this unsigned inventor		
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature Date								
Residence: City		s	state		Country	Citizenship		
Mailing Address								
Mailing Address								
	State			ZIP		Country		
City State ZIP Country Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								